



Your Retiree Healthcare Decision Guide

Mark Your Calendar!

- **October 14 – November 15, 2016:**
Open Enrollment Period
- **November 15, 2016:** Completion of your TRAIL Enrollment must be made by this date if enrolling for the first time or making changes
- **January 1 – December 31, 2017:**
2017 coverage period

State of Illinois Retiree Medicare Advantage seminars begin October 11th. See back cover for the schedule of seminar dates, times and locations.

Medicare Part A

Hospital



Medicare Part B

Doctor and outpatient



Medicare Part D

Prescription Drugs



Extra Programs

Beyond Original Medicare



College Insurance Program

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Look for the Official TRAIL Logo

You may be receiving mailings about Medicare Advantage and Medicare Supplement plans from companies that are not affiliated with the State of Illinois. Only mailings with the **Total Retiree Advantage Illinois logo contain information about the Medicare Advantage plans with prescription drug coverage (MAPD plans) available to you through your College Insurance Program (CIP).**



Welcome to the TRAIL Medicare Advantage Enrollment Period

Open Enrollment Period: October 14 – November 15, 2016

The College Insurance Program (CIP) offers annuitants and survivors a healthcare program called *Total Retiree Advantage Illinois (TRAIL)*. This program provides eligible members and their covered dependents comprehensive medical and prescription drug coverage through TRAIL Medicare Advantage with prescription drug coverage plans (commonly referred to “MAPD” plans). The College Insurance Program also includes dental and vision coverage.

As an individual who is enrolled in Medicare Parts A and B your TRAIL Medicare Advantage Open Enrollment Period will be held in the fall of each year, instead of during May as in the past. For 2017, the plan year will begin January 1 and will go through December 31, 2017.

All Illinois counties have an HMO and PPO option. Annuitants and survivors residing outside Illinois may elect the PPO option.

How to Enroll in TRAIL:



This TRAIL Medicare Advantage Enrollment Period, we are introducing the **MyBenefits Marketplace**.

The State of Illinois has partnered with Morneau Shepell to bring you a new web-based online enrollment platform entitled **MyBenefits Marketplace** at www.MyBenefits.illinois.gov.

This new site streamlines your benefit options into a one-stop shop for your insurance needs. This includes learning more about your current insurance benefits, making enrollment decisions, changing your current coverage and finding contact information for all your plan administrators.

The online system is user-friendly and comprehensive with the goal of providing information 24/7 and allowing you to make changes in real-time. The site will not only allow you to make benefit elections during open enrollment, but will also allow you to add/or drop dependents mid-year due to a qualifying change in status, or correct personal information. The website will be up and running September 2016, with all your benefit information as well as educational information and interactive tools.

Please note: this innovative system www.MyBenefits.illinois.gov is accessible via your computer, smartphone or tablet. Of course, you also have the option to call a customer service representative for further assistance or enrollment over the phone, Monday – Friday 8:00 a.m. – 6:00 p.m. CST toll-free at 1-844-251-1777 or TDD/TTY toll-free at 1-844-251-1778. We encourage everyone to enroll online; alternatively, a paper enrollment form is enclosed.

Members newly eligible for the TRAIL Medicare Advantage Program will be required to enroll during the 2017 TRAIL Open Enrollment period, which runs October 14 – November 15, 2016.

To access this website, you will be required to register on the website using information pertinent to you for self-authentication. Once registered, you will be provided your CMS-issued Employee ID Number (EIN), which you will need whenever you login to this site. If you lose your EIN, you will be able to retrieve it through the self-authentication process.

What is a Group Medicare Advantage Plan?

The word “Group” means that this is a plan designed just for College Insurance Program (CIP) retirees, annuitants and survivors. Only eligible members can enroll in this plan. You can’t get it anywhere else.

“Medicare Advantage” is also known as Medicare Part C. Medicare Advantage plans are a part of Medicare that combine all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) into one convenient plan. Plus, your CIP-sponsored TRAIL plan includes Medicare Part D prescription coverage as well as programs that go beyond Original Medicare for example:

Humana HMOs offer:

- Member Assistance Program
- Humana Guidance Centers
- Humana Well Dine

Coventry Advantra HMO offers:

- Preferred Pharmacy Discounts
- In-Home Health Risk Assessments
- Welcome Home Program

Health Alliance MAPD HMO offers:

- In Home Health Risk Assessment Program and Case Management
- Be Fit
- Pharmacy Programs

UnitedHealthcare PPO offers:

- HouseCalls
- Renew by UnitedHealthcare
- Pharmacy Saver Program™

A description of these extra programs is detailed on page 20.

Medicare Part A

Hospital



Medicare Part B

Doctor and outpatient



Medicare Part D

Prescription Drugs



Extra Programs

Beyond Original Medicare



You must continue paying your Medicare Part B premium to keep your coverage under this CIP plan.

The TRAIL Medicare Advantage Plans

- Must cover the same Part A and Part B benefits as Original Medicare.
- There are two types: **HMOs** (Health Maintenance Organizations) and **PPOs** (Preferred Provider Organizations). You pay a deductible and/or copay/coinsurance for services.
- You still have Medicare but you're no longer in Original Medicare--you're in a private medical group plan that typically has different costs and restrictions.
- You still pay Medicare premiums, and continue to pay a CIP premium.
- If you're enrolled in an HMO, you are required to use doctors and hospitals in the plan's network. Additionally, you have to choose a Primary Care Physician, get referrals to see specialists, and/or get prior authorization for certain services.
- Once enrolled in a TRAIL Medicare Advantage plan, you cannot buy Medigap supplemental insurance to help pay your out-of-pocket costs.
- Plans have yearly limits on your out-of-pocket Medicare-covered medical costs (an out-of-pocket maximum), after which you pay nothing for the rest of the year for covered Medicare Parts A and B services.



To enroll online, go to:
www.MyBenefits.illinois.gov

or call 844-251-1777 toll-free
844-251-1778 TDD/TTY • M-F 8am-6pm CST
We encourage everyone to enroll online; alternatively,
a paper enrollment form is enclosed.

How to Enroll or Change Your Coverage Election: **Next Steps**

- Review this Guide, along with the information you receive in the mail from the TRAIL Medicare Advantage plans for which you are eligible (based on where you live – see the map on page 16). All CIP-sponsored Medicare Advantage plans will feature the TRAIL logo.
- Complete the online TRAIL Medicare Advantage enrollment process at **www.MyBenefits.illinois.gov**. We encourage everyone to enroll online; alternatively, a paper enrollment form is enclosed.
 - You and your covered dependents will all be enrolled in the same health plan.
- The TRAIL Medicare Advantage online enrollment process must be completed in its entirety. As you enroll online, follow the prompts until the end so you will know you have completed your coverage-election process. Please note, although you may use a post office box address to receive your mail, federal Medicare requires a residential street address. **If your preprinted mailing address on this mailing is different than your residential address, be sure to contact your retirement system with any address changes, or if you are using the form, be sure to enter your correct residential street address in Section 2 of the form.**

If you opted to enroll via paper form, return your TRAIL Medicare Advantage Open Enrollment Form to the State Universities Retirement System at the address shown on the front of your enrollment form, postmarked by November 15, 2016.

Who is Eligible

To be eligible for coverage under a *Total Retiree Advantage Illinois* Medicare Advantage plan, you and your eligible dependents must all:

- Live in the United States or the U.S. Territories, **AND**
- Be enrolled in Medicare Parts A and B, on or before September 30, 2016, due to age or disability.

If you are **currently enrolled in one of the TRAIL Medicare Advantage plans**, your enrollment will continue - you do not need to do anything unless you want to make a change. If you want to make a **change** to your current TRAIL Medicare Advantage health plan election, or change your dependent coverage, you must complete the online enrollment process at **www.MyBenefits.illinois.gov**, or by calling **844-251-1777** toll-free or **844-251-1778 TDD/TTY**. We encourage everyone to enroll online; alternatively, a paper enrollment form is enclosed.

If you are **new to the TRAIL Medicare Advantage plans**, this year, you **must** select one of the TRAIL Medicare Advantage plans by completing the online enrollment process at **www.MyBenefits.illinois.gov** or by calling **844-251-1777** toll-free or **844-251-1778 TDD/TTY**. We encourage everyone to enroll online; alternatively, a paper enrollment form is enclosed. You will remain enrolled in your current CIP health plan through December 31, 2016. The TRAIL Medicare Advantage plan you choose will start January 1, 2017.

CIP Annuitants and Survivors Newly Eligible for TRAIL

If you are a newly-eligible annuitant or survivor, you must elect one of the CIP-sponsored Medicare Advantage plans to have medical and prescription drug coverage after December 31, 2016. When you enroll in the TRAIL Medicare Advantage program, your EyeMed vision coverage and dental coverage through Delta Dental will continue.

During the Open Enrollment Period You:

- May elect to cancel your medical and prescription drug coverage. **Note: If you cancel your CIP enrollment, medical, prescription drug, dental and vision coverage for you and your enrolled dependents will end December 31, 2016.**
- May add or drop dependent coverage. **IMPORTANT: You must contact your retirement system if you want to add a dependent who is not enrolled in Medicare Parts A and B. By adding a non-Medicare dependent, you will not be eligible for the TRAIL Medicare Advantage plans.**
- Must enroll in a Medicare Advantage plan if you are newly-eligible for TRAIL.
- May change to a new TRAIL Medicare Advantage plan if you are currently enrolled in TRAIL.

IMPORTANT: If You Cancel Your College Insurance Program Coverage

Under current CIP eligibility rules, members who cancel coverage are ineligible to re-enroll in the program in the future unless they lose their other coverage for reasons other than voluntary termination or nonpayment of premium.



To enroll online, go to:
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or call 844-251-1777 toll-free
844-251-1778 TDD/TTY • M-F 8am-6pm CST
We encourage everyone to enroll online; alternatively,
a paper enrollment form is enclosed.

Medical Coverage with the TRAIL Medicare Advantage Program

With a Medicare Advantage plan, the plan covers the same services that Original Medicare covers. Also, with a Medicare Advantage plan, the same rules apply for services that are allowed based on medical necessity as determined by Medicare. Some procedures may require preapproval and/or prior authorization by the plan. In these instances, the provider should submit a prior authorization request to the plan prior to services being provided to ensure the services will be covered. Since Medicare Advantage plans follow Medicare rules, some procedures may only be allowed to be performed in certain time intervals based on outcomes and need determined by Medicare.

Explanation of Benefits (EOB)

With a Medicare Advantage plan you will receive an EOB (definition on page 24) statement the month after your provider submits a claim to the plan. The medical EOB is a separate statement from the prescription drug EOB, which is also sent monthly based on the prescriptions you filled. You will not receive a medical or prescription drug EOB if you did not have services during the previous month.

Personal Contact

With a Medicare Advantage plan, you should expect much more personal contact from your health plan than you received from your previous health plan. Medicare Advantage plans are strictly regulated by Medicare whose goal is to help you be as healthy and viable as you can be. You may be contacted by the plan administrator to complete a health risk assessment (HRA). It is a Medicare requirement for the plan to request the HRA; however, it is optional for you to complete the survey.

Non-Medicare Providers

Providers who do not accept Medicare, as well as providers who refuse to bill the PPO plan on your behalf for your claims, may ask you to sign a document indicating that you are liable for the payment of all services. This document is typically called an 'Advance Beneficiary Notice.' **Make sure you understand your financial liability before signing the document since the Medicare Advantage plan may not be responsible to pay claims from those providers.** A provider should never bill you more than the Medicare-approved amount.

Dental and Vision Services

Routine dental and vision exams and services are not covered under these Medicare Advantage plans; however, services that are considered medically necessary due to either trauma or illness may be covered under these plans. When enrolled in one of the Medicare Advantage plans, your vision coverage through EyeMed and your dental coverage through Delta Dental will remain in place and should be used for routine exams and services.

Prescription Drug Coverage with the TRAIL Medicare Advantage Program

Since Medicare Advantage plans are a type of Medicare plan, the prescription drug coverage provided under the TRAIL Medicare Advantage plan includes Medicare Part D prescription drug coverage. Prescription drug formularies (i.e., list of drugs covered) vary by plan. The TRAIL prescription drug coverage, like a Medicare Part D plan, must follow Medicare rules for which types of drugs are allowed to be covered. For example, many hormone drugs have been determined not safe for individuals over the age of 65. For this reason, Medicare will not cover some drugs in this class. If you are uncertain whether a particular drug will be covered, you should call the health plan in which you are interested in enrolling to inquire.

Part D Coverage Stages

Since the TRAIL prescription drug coverage is considered a Medicare Part D plan, the member's cost for prescription drugs under the TRAIL Program must follow the Medicare Part D drug coverage 'stages.' There are four drug payment stages: Annual Deductible, Initial Coverage, Coverage Gap and Catastrophic Coverage.

Unlike a standard Part D plan in which the retiree is required to pay a percentage of the full retail cost of the drug, **CIP members enrolled in the TRAIL Medicare Advantage Program pay only the plan's standard copayment through the Initial Coverage and Coverage Gap stages** (Coverage Gap is also referred to as the 'Donut Hole'). Paying only the standard copayment through the Coverage Gap is a valuable benefit for TRAIL members. Once you reach the Catastrophic Coverage stage (i.e., when your "true out-of-pocket" costs, also referred to as "TrOOP," for your prescription drugs during the plan year reaches \$4,950), you will pay either a small copayment or will have a cap applied that will limit your prescription drug costs. TRAIL copayments and prescription caps (caps apply once you are in the Catastrophic Coverage stage) are listed in the charts on pages 18 and 19.

Part D IRMAA Premium

Since the TRAIL prescription drug coverage includes a Medicare Part D benefit, Medicare requires that members of TRAIL whose annual income exceeds \$85,000* for an individual or \$170,000* for a couple will be subject to an additional premium, called IRMAA (Income-Related Monthly Adjustment Amount). The Social Security Administration will send members whose income is verified by the IRS to exceed these amounts a predetermination letter indicating whether or not IRMAA will apply to the Medicare beneficiary. If applicable, IRMAA applies to both Medicare Parts B and D; therefore, members who pay an additional premium for their Medicare Part B coverage are the same members who will be charged the Medicare Part D IRMAA amount. Specifically, the base premium for Part B is \$121.80* – if you pay more than that amount for your Part B coverage, then you will most likely be charged the Part D IRMAA by Social Security. You will receive a quarterly bill in the mail from Social Security for these additional premiums. In order to remain in the Medicare Advantage plan, you must pay these additional premiums. Go to www.medicare.gov for IRMAA premium amounts.

* The annual income limits and the Part B premium are for 2016 and may be different for the 2017 calendar year.

Newly-Eligible Medicare Advantage TRAIL Members FAQs

What do I need to know about TRAIL as a newly-eligible annuitant or survivor?

TRAIL is a retiree healthcare program sponsored by the College Insurance Program (CIP). The plans offered through the TRAIL Program are Medicare Advantage plans which include prescription drug coverage. These plans are typically called “MAPD” plans. **As a CIP annuitant or survivor who is newly-eligible for enrollment in a TRAIL Medicare Advantage Plan, you must make a choice during this TRAIL Medicare Advantage Open Enrollment Period to enroll in one of the MAPD plans offered.** This Decision Guide includes information about your health plan options which will go into effect January 1, 2017, the benefits offered and the cost of this new coverage for you and your dependents. If you do not want TRAIL coverage, you can cancel which will terminate your health and prescription drug coverage, as well as dental and vision coverage.

Why am I getting information to change now - I normally receive information to change health plans in May?

Now that you are enrolled in Medicare Parts A and B and are an annuitant or survivor of the College Insurance Program (CIP), **you are required** to change health plans during this fall TRAIL Medicare Advantage Open Enrollment Period. Beginning January 1, 2017, your health and prescription drug benefits through the TRAIL Medicare Advantage Program will follow the calendar year, not the State’s fiscal year. You will no longer receive the ‘Benefit Choice’ mailings in the spring since your health plan options are now different than those being offered to non-Medicare members. Delta Dental and EyeMed vision coverage will remain on the State’s fiscal year (July 1 through June 30).

What Does the Trail Medicare Advantage Plan Cover?

TRAIL Medicare Advantage plans are offered by private companies approved by Medicare. Medicare pays a fixed amount for your care each month to these companies. When you enroll in a Medicare Advantage plan, you are no longer in Original Medicare but still have the same rights and protections as people with Original Medicare.

The TRAIL Medicare Advantage plans provide all of your Part A (hospital insurance) and Part B (medical insurance) benefits, including emergency and urgent care, and Medicare Part D (prescription drug) coverage.

Is Medicare Advantage a Medicare Supplement?

No. Medicare supplement insurance fills gaps in Original Medicare coverage by helping to pay the portion of healthcare expenses that Original Medicare does not pay, such as deductibles and coinsurances. Medicare supplement insurance can be either a Medigap plan (labeled A through N plans) or retiree insurance from a former employer. Typically, retiree insurance from a former employer pays your health insurance claims after Original Medicare pays its portion. As a Medicare retiree enrolled in CIP, the health plan you had prior to being enrolled in the TRAIL Medicare Advantage Program paid your claims ‘second’ after Medicare. That means any medical claims you incurred were sent first to Original Medicare for payment and the remaining balance was sent to your CIP insurance plan, which then paid much of the remaining balance.

If I enroll in the CIP TRAIL Medicare Advantage plan, will I still have Medicare?

Yes, but you can only use your red, white and blue Medicare card for hospice care. All other claims for your healthcare services (including prescription drugs) should be sent to your MAPD plan administrator for processing and benefit determinations.

Do I need to continue to pay my Medicare premiums?

Yes! In order to maintain your TRAIL Medicare Advantage plan health coverage, you must continue to pay your Medicare premiums.

Can I stay enrolled in my current health plan?

No. Medicare-eligible CIP annuitants and survivors who want to continue health, prescription drug, dental and vision coverage through the CIP are required to enroll in one of the TRAIL Medicare Advantage plans if they and their covered dependents are all enrolled in Medicare Parts A and B. Remaining in your current health plan is not an option; therefore, if you do not complete the online enrollment or call the MyBenefits Marketplace Service Center to enroll by the November 15th due date, we will assume you do not want the TRAIL Medicare Advantage coverage and your health, prescription drug, vision and dental coverage will terminate effective January 1, 2017. If your CIP health and prescription drug coverage is terminated, you will have Original Medicare only for your medical coverage and will need to enroll in a Part D prescription plan for prescription coverage.

I have already paid my health plan deductible for this year. If I enroll in the TRAIL MAPD PPO plan, do I have to pay it again?

Yes. Due to the TRAIL plan year being on a calendar year and not a fiscal year like your current plan, the PPO plan's annual medical deductible will begin January 1, 2017. Any deductible paid to your current health plan will not count toward your MAPD plan year deductible. The MAPD medical deductible is separate from your dental plan deductible which will start over July 1 each year.

Will this TRAIL Medicare Advantage plan cover everything that my current CIP health plan covers?

Not necessarily. Your current health plan may cover services that Original Medicare does not cover. Medicare Advantage plans are required to cover all services covered by Original Medicare. In order to be covered, the service must be considered medically necessary and in certain cases, meet Medicare guidelines for approval. Some services have limits to how often they can be obtained.

TRAIL FAQs for All Retirees, Annuitants and Survivors

If I am currently enrolled in TRAIL, do I need to complete the TRAIL Medicare Advantage Open Enrollment process this year?

No. Once you are enrolled in one of the TRAIL Medicare Advantage plans, you do not need to complete the enrollment process unless you want to make a change. During the TRAIL Medicare Advantage Open Enrollment Period you may change to a different health plan if one is available in your county of residence (see page 16). **You may also add a dependent to your coverage or drop a dependent from your coverage. If you do not want anything to change, then you don't have to do anything. We encourage you to visit www.MyBenefits.illinois.gov to see all of your benefits and review your current elections.**

Will I get marketing materials from the TRAIL plans again this year?

Yes. Since the fall enrollment period is your opportunity to elect a different health plan, all of the TRAIL plans that are available in your county of residence will be sending you information regarding their coverage and benefits. Even if you do not change health plans this year, federal Medicare requires the plans to mail new ID cards each year, so be sure to watch your mail in late December for your new ID cards. You will know your CIP-sponsored Medicare Advantage ID card by the TRAIL logo on the card.

I have a friend who enrolled in a Medicare Part D plan after enrolling in TRAIL and lost their CIP health and prescription coverage – why did this happen?

When a member who is enrolled in a TRAIL Medicare Advantage plan with prescription drug coverage enrolls in another Medicare Advantage plan or a Part D prescription drug plan, enrollment into that new plan will terminate enrollment in the current plan. That is because federal Medicare allows a person to only be enrolled in one Medicare plan at a time. Many pharmacies offer prescription drug plans that are Medicare Part D plans. **Be careful not to enroll in another prescription drug Part D plan as enrollment in that plan may cause your CIP-sponsored health and prescription drug coverage to terminate. Since vision and dental are included in your CIP coverage, it will also terminate.**

Is there coverage through TRAIL when I travel outside the U.S.?

Like Original Medicare, TRAIL benefits are not provided outside of the U. S. and the U.S. Territories, except for emergency services. Typically, if emergency services are needed while outside of the U.S., the enrollee will need to pay the provider at the time of service and submit a reimbursement request to their Medicare Advantage plan. If you travel outside the U.S., you may wish to purchase travel insurance for your international travel.

May I elect a Medicare Advantage HMO in a different county from where I live if my providers are in that county?

No. Medicare determines which counties a Medicare Advantage HMO can provide coverage. Members may only choose Medicare Advantage plans available in their county of residence, regardless of where the provider's office is located. **If you move, you must contact the State Universities Retirement System immediately.**

Will there be informational seminars I can attend to learn more about TRAIL?

Yes! There will be 18 State of Illinois Retiree Medicare Advantage seminars hosted by CMS throughout the month of October. If you are unable to attend in person, you can watch the seminar via a live-stream webinar on October 11. Just login online at **www.MyBenefits.illinois.gov** and click on the TRAIL seminar tile and you can watch from the comforts of your own home. If you are unavailable that day, a video of the webinar will be posted online at **www.MyBenefits.illinois.gov**.

If I enroll in an HMO MAPD plan and my PCP leaves the network, can I change MAPD plans?

No. You must choose another PCP in your Medicare Advantage plan's network. You can switch MAPD plans during the next TRAIL Medicare Advantage Enrollment Period.

I am a Veteran and use VA services. How does the my Medicare Advantage plan work with VA benefits?

If you go to a VA hospital, you will use your VA benefits. Veterans' Affairs will pay for the VA authorized services. You can also use your VA benefits to obtain your prescription drugs. If you choose not to use a VA facility/physician, your Medicare Advantage plan will cover the Medicare eligible expenses according to your plan benefits, including non-VA prescription drugs (i.e., non-VA prescription drugs are drugs not obtained through a VA pharmacy, such as a pharmacy within a VA facility or VA clinic. Non-VA prescription drugs can also be medications that are not covered by the VA or those not in stock at the VA pharmacy).

Can I use TRICARE with my Medicare Advantage plan?

In general, your Medicare Advantage plan will pay first for any Medicare covered services. TRICARE may pay your Medicare Advantage deductible and copayments. You will pay the cost of services that your Medicare Advantage and/or TRICARE do not cover. For your prescription drugs, your Medicare Advantage plan will be the primary payer. TRICARE may pay as the secondary payer if the pharmacy used is also a TRICARE network pharmacy.

Can I get out of the TRAIL Medicare Advantage plan if I don't like it?

Yes. If at any time you wish to disenroll from the Medicare Advantage plan, you may write to your health plan indicating your desire to cancel the coverage. **You will be disenrolled from the TRAIL health, prescription drug, Delta Dental and EyeMed vision coverage at the end of the month in which the health plan receives your written request.** This does not mean you can return to your prior CIP health plan. Once cancelled, you will go back to having your Original Medicare coverage and will most likely need to obtain a separate Medicare Part D plan for your prescription drug coverage.

I get a lot of marketing materials about Medicare plans each fall – how will I know which plans are offered by CIP?

All CIP-sponsored Medicare Advantage plans will have the TRAIL logo. If you receive marketing materials without the TRAIL logo, you know those materials are coming from plans not offered by the State of Illinois.



If I opt-out of CIP coverage, do I have guaranteed issue rights?

Guaranteed issue rights are determined by the Centers for Medicare and Medicaid Services (federal CMS). If you choose to opt-out of your CIP retiree healthcare and purchase a private healthcare plan such as a Medicare supplement plan, the private healthcare plan determines whether or not you qualify for guaranteed issue. If you disagree with the private plan's determination, you will need to file a complaint with federal CMS and they will have the ultimate authority. The State of Illinois cannot determine guaranteed issue and does not issue letters that indicate you have guaranteed issue rights.

I am eligible for both Medicare and Medicaid. What happens if I am automatically enrolled in a Medicare Part D plan due to my dual eligibility?

Individuals who are both eligible for Medicare and entitled to full Medicaid benefits typically will be automatically enrolled in a Medicare Part D (prescription drug) plan by Medicare. However, the federal government will not allow you to be enrolled in more than one Part D plan at a time. Since the TRAIL plans include Part D coverage, your automatic enrollment in another Part D plan will terminate your coverage in the TRAIL, which will include termination of your CIP medical coverage, prescription drug coverage, dental coverage through Delta Dental and EyeMed vision coverage. If you are automatically enrolled in another Part D plan based on being dual eligible, you must call that plan and cancel coverage if you want to keep your TRAIL Medicare Advantage coverage under CIP.

In addition to being automatically enrolled in a Part D plan, dual eligible individuals also automatically qualify to receive Extra Help from the Social Security Administration to pay for prescription drug coverage. The eligibility for Extra Help is not dependent on accepting the automatic enrollment into the other Part D plan. You will continue to receive the Extra Help benefit even if you cancel the other Part D coverage in order to maintain your TRAIL Medicare Advantage coverage.

I have additional group health plan coverage based on my spouse's current employment. Will the TRAIL Medicare Advantage plan coordinate benefits with my additional group health plan?

Yes. The TRAIL Medicare Advantage plan will coordinate benefits with your additional group health plan. You should contact your MAPD plan administrator and provide your additional group health coverage information. The MAPD plan administrator will coordinate benefits after your other group health plan makes a benefit determination. You will need to inform all of your medical providers of your insurance plans and ask that they file your claims accordingly. Your MAPD plan will be your secondary insurance.

Important Information – Please Read!

TRAIL Medicare Advantage CIP Plan Participants

- **You must keep Medicare Parts A and B and continue to pay the applicable Medicare premiums.**
- You can only be in one Medicare Advantage or Medicare Part D (prescription drug) plan at a time. Enrollment in a TRAIL Medicare Advantage plan provides you with health and Medicare Part D prescription drug coverage. **Therefore, enrollment in a different Medicare Advantage or Medicare Part D plan will automatically cause your TRAIL coverage to end, which will terminate your health and prescription drug coverage, dental coverage through Delta Dental and vision coverage through EyeMed.**
- You must have creditable prescription drug coverage (as good as Medicare) since 2006 in order to avoid a Medicare Part D late enrollment penalty.
- You can terminate the Trail Medicare Advantage coverage at anytime by contacting the Medicare Advantage plan in writing; however, once you cancel your CIP coverage you will not be permitted to re-enroll in the program in the future unless you lose your other coverage for reasons other than voluntary termination or nonpayment of premium.
- If your residential or mailing address changes, you must notify your retirement system in writing.
- If you are currently enrolled in one of the TRAIL Medicare Advantage HMO plans (i.e. Coventry Advantra, Health Alliance MAPD or Humana) and move outside of the plan's service area to a different county in Illinois or to a different state, you must elect a new Medicare Advantage plan available in your new area.

Do You Have More Questions?

Visit our new website at **www.MyBenefits.illinois.gov**. This new system is accessible via your computer, smartphone or tablet. Of course, you also have the option to call a customer service representative (toll-free) for further assistance or enrollment over the phone, Monday – Friday 8:00 a.m. – 6:00 p.m. central time at **1-844-251-1777** (toll-free) or at **1-844-251-1778** (TDD/TTY). We encourage everyone to enroll online; alternatively, a paper enrollment form is enclosed.

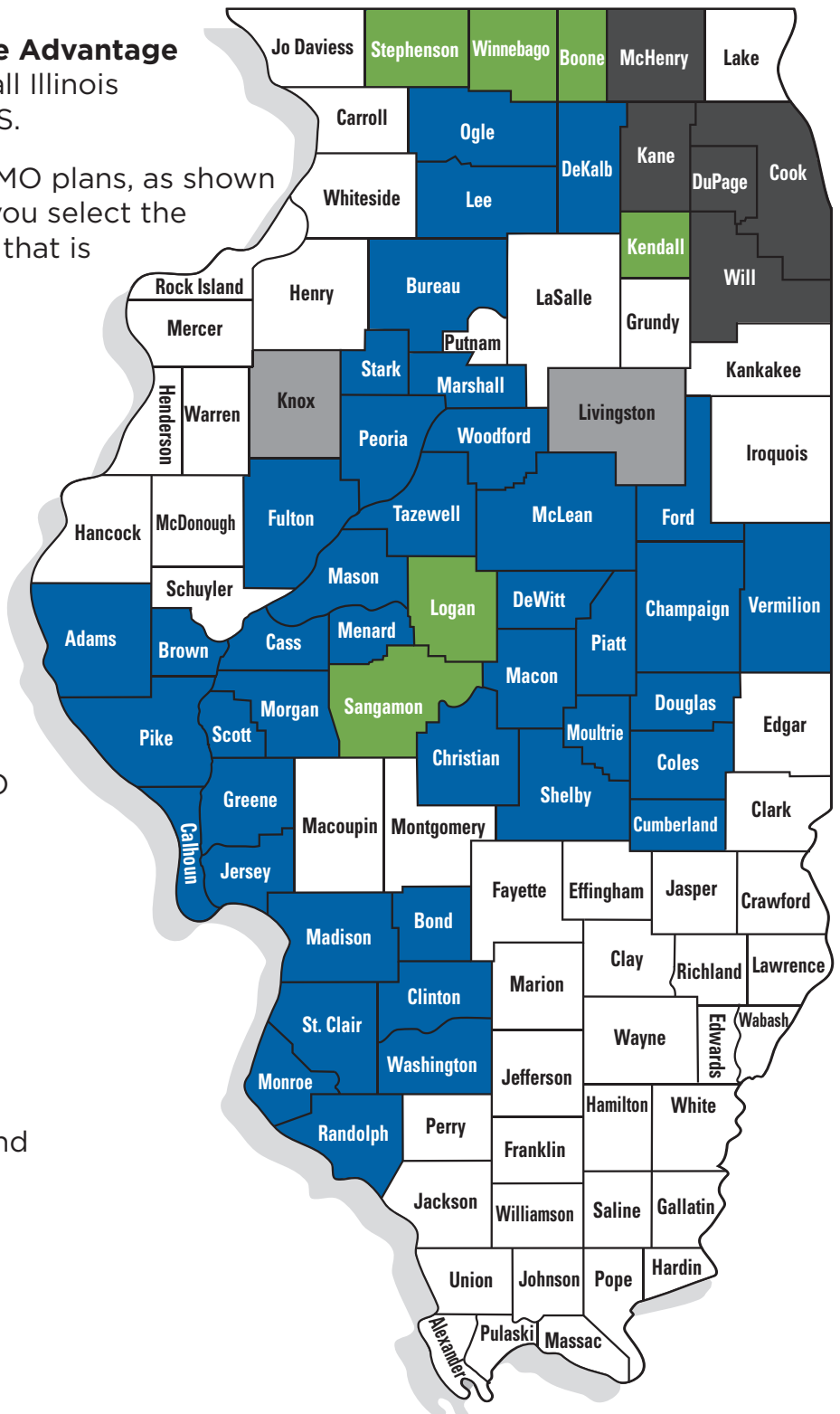
A Map of TRAIL Medicare Advantage Plans by County

The UnitedHealthcare Medicare Advantage PPO (UHC PPO) is available in all Illinois counties and throughout the U.S.

Note: There are two Humana HMO plans, as shown in the map key. Please ensure you select the appropriate Humana HMO plan that is available in your county.

UnitedHealthcare PPO, Coventry Advantra HMO, Health Alliance MAPD HMO and the Humana HMOs availability is indicated by the key below:

- UHC PPO and Health Alliance MAPD HMO
- UHC PPO and Coventry Advantra HMO
- UHC PPO and Humana Benefit Plan HMO
- UHC PPO and Humana Health Plan HMO
- UHC PPO and Coventry Advantra HMO and Humana Health Plan HMO



Your Health Plan Options: HMO vs. PPO

Coventry Advantra, Health Alliance MAPD and Humana HMOs

If you enroll in one of the Medicare Advantage HMOs available to you (based on the county in which you live), you must choose a primary care physician (PCP) from the plan's network of providers. Your PCP will coordinate your care and refer you to specialists when needed. Out-of-network care is only covered in cases of emergency; therefore, be sure to see a network provider when seeking services through an HMO plan.

All of the plans, Coventry Advantra, Health Alliance MAPD and Humana HMOs offer networks of doctors, specialists and hospitals to choose from, plus a variety of programs and services to help improve your health and well-being.

UnitedHealthcare Medicare Advantage PPO

The UnitedHealthcare (UHC) Medicare Advantage Preferred Provider Organization (PPO) plan is a "passive" PPO plan. If you enroll in the UHC Medicare Advantage PPO plan, you can see any provider as long as they participate in Medicare and accept the plan. With the UHC PPO, you will not have the restrictions of in- and out-of-network coverage. So even though UHC has a network of providers, if you receive care from a provider not in the UHC network (i.e., an out-of-network provider), the PPO plan pays those providers the same amount Medicare would have paid; you pay the same out-of-pocket percentage as if you had received in-network care.

The majority of providers in Illinois and across the nation participate in Medicare and will accept the State-sponsored UHC group plan. If the provider is not willing to bill UHC, call UHC at the number on page 27 and ask them to contact your provider to explain the plan. If your provider still refuses to bill UHC for your visit, you must pay the bill and submit a request for reimbursement to UHC for payment. UHC will then reimburse you the Medicare allowable amount, minus any deductible or coinsurance for which you are responsible.

Things to consider when choosing a Medicare Advantage Plan

HMO Plan	PPO Plan	Plan Costs	HMO Plan	PPO Plan
Your doctor is in the HMO network	You prefer the flexibility to see any Medicare provider and not stay in a network	Annual Medical Deductible	\$0	\$250
You prefer copayments instead of deductibles and coinsurance	You travel a lot outside Illinois or you are a "snowbird"	Primary Care Physician Office Visit	\$20	20% coinsurance
You take non-generic drugs (lower copays than the PPO plan for non-generic drugs)	You have medical conditions in which you need to have the ability to see any Medicare provider without the constraints of a network	Specialist Office Visit	\$20	20% coinsurance
		Diagnostic Tests	\$0	20% coinsurance
		Hospital Admission	\$250	20% coinsurance
		Outpatient Surgery	\$150	20% coinsurance
		Annual Medical Out-of-Pocket Maximum	\$3,000	\$1,000
		Prescription Drug Tier 1 30-day copay	\$10 copay	\$10 copay
		Prescription Drug Tier 2 30-day copay	\$20 copay	\$25 copay
		Prescription Drug Tier 3 & 4 30-day copay	\$40 copay	\$50 copay

HMO Plans

Coventry Advantra, Health Alliance MAPD and Humana HMOs

The chart below highlights Medicare Advantage coverage levels for the HMO plans under the *Total Retiree Advantage Illinois* program.

HMO Medical Benefit Members must use network providers, except for emergency services	
Annual medical deductible	None
Annual out-of-pocket maximum	\$3,000
Doctor office visit	Plan pays 100% after you pay \$20 copay per visit
Specialist office visit	Plan pays 100% after you pay \$20 copay per visit
Preventive services	Plan pays 100%; you pay 0%
Emergency	Plan pays 100% after you pay \$75 copay per visit (can use non-network provider if nearer to you than network provider); copay is waived if you are admitted within 24 hours
Inpatient hospital	Plan pays 100% after you pay \$250 copay per admission
Outpatient surgery	Plan pays 100% after you pay \$150 copay
Diagnostic tests (lab, x-ray, radiology)	Plan pays 100%; you pay 0%

HMO Prescription Drug Benefit			
RETAIL AND MAIL ORDER PHARMACY (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs*	\$10	\$20	Retail copayments are: Coventry = 2 times Health Alliance = 2.5 times Humana = 3 times
Preferred Brand	\$20	\$40	
Nonpreferred Brand and Specialty Drugs **	\$40	\$80	
CATASTROPHIC COVERAGE STAGE	Copayments are capped as indicated below once a member reaches \$4,950 in “true out-of-pocket” prescription drug costs.		
Coventry Advantra HMO	Up to a 90-Day Supply		
	Generic		Nongeneric
	\$3.30		\$8.25
Health Alliance MAPD HMO and Humana HMOs	Greater of 5% of the retail cost of the drug <u>OR</u> \$3.30/Generic or \$8.25/Nongeneric; the 5% cannot exceed the caps below:		
	30-Day Supply \$40.00	60-Day Supply \$80.00	90-Day Supply \$120.00

* HMOs may also have a pharmacy saver program, contact the plan provider for more information.

** Specialty drugs may only be available in a 30-day supply; varies by plan.

PPO Plan

UnitedHealthcare PPO

The chart below highlights Medicare Advantage coverage levels for the PPO plan under the *Total Retiree Advantage Illinois* program.

PPO Medical Benefit	
Annual medical deductible	\$250
Annual out-of-pocket maximum	\$1,000
Doctor office visit	Plan pays 80%; you pay 20% after annual deductible
Specialist office visit	Plan pays 80%; you pay 20% after annual deductible
Preventive services	Plan pays 100%; you pay 0%
Emergency	Plan pays 100% after you pay \$75 copay per visit; copay is waived if you are admitted within 24 hours
Inpatient hospital	Plan pays 80%; you pay 20% after annual deductible
Outpatient surgery	Plan pays 80%; you pay 20% after annual deductible
Diagnostic tests (lab, x-ray, radiology)	Plan pays 80%; you pay 20% after annual deductible

PPO Prescription Drug Benefit			
RETAIL PHARMACY and MAIL ORDER PHARMACY (Initial and Coverage Gap Stages)	Copayments for prescriptions filled at a retail pharmacy are listed in the chart below. You may obtain a 61-90 day supply of drugs through mail order for 2 times the 30-day copayment amount.		
	30-Day Supply	60-Day Supply	90-Day Supply
Generic Drugs *	\$10	\$20	\$30
Preferred Brand	\$25	\$50	\$75
Nonpreferred Brand and Specialty Drugs	\$50	\$100	\$150
CATASTROPHIC COVERAGE STAGE	Copayments are capped as indicated below once a member reaches \$4,950 in "true out-of-pocket" prescription drug costs.		
	30-Day Supply	60-Day Supply	90-Day Supply
UnitedHealthcare PPO	Greater of 5% of the retail cost of the drug OR \$3.30/Generic or \$8.25/Nongeneric; the 5% cannot exceed \$50.00		

* Generic drugs could be less with UHC Pharmacy Saver Program. Go to www.uhcretiree.com/soi for more information on the UHC Pharmacy Saver Program.

CIP TRAIL Medicare Advantage Contributions

TRAIL Medicare Advantage Plan Monthly Contributions Effective January 1, 2017

Annuitants and survivors in the College Insurance Program (CIP) are responsible for a contribution for Medicare Advantage health coverage that includes prescription drug, dental and vision benefits.

CIP TRAIL Medicare Advantage Plan Monthly Contributions Effective January 1, 2017		
	HMO Plans (Humana, Coventry Advantra and Health Alliance MAPD HMOs)	UnitedHealthcare PPO Plan
Member Rate	\$46.85	\$62.68
Dependent Rate	\$187.39	\$250.71

Extra Benefits the TRAIL Medicare Advantage Plans Offer

With a TRAIL Medicare Advantage plan, you should expect much more personal contact from your health plan than you received from your previous health plan. Medicare Advantage plans are strictly regulated by Medicare whose goal is to help you be as healthy and viable as you can be. All plans offer a fitness program at no additional cost to their members and a **24-hour Nurseline** to talk to members about health and medical conditions. A sample of other benefits offered are listed below. If you would like to learn more about the extra benefits offered, contact the health plan directly.

Humana HMOs offer:

- **Member Assistance Program:** Provides you with three confidential, telephonic counseling sessions per life event, with online resources to help you cope with life changes, stress, conflict resolution, and grief. Unlimited consultations with subject-matter experts and referrals for adult care and childcare issues.

Coventry Advantra HMO offers:

- **Welcome Home Program:** Nurses assist members as they transition from an inpatient admission to their home.

Health Alliance MAPD HMO offers:

- **Be Fit:** Money for gym memberships and *Rally*, an online wellness experience, to help you improve your health.

UnitedHealthcare PPO offers:

- **Pharmacy Saver Program™:** Savings on generic drugs at thousands of participating pharmacies nationwide.

EyeMed Vision Coverage

Vision coverage through EyeMed is provided at no additional cost to members enrolled in any of the TRAIL Medicare Advantage plans. All members and enrolled dependents have the same vision coverage regardless of the health plan selected. All vision benefits are covered once every 24 months from the last date the benefit was used. A \$10 copayment is required for eye exams, spectacle lenses and standard frames.

Use your EyeMed card for all routine vision care.

Delta Dental Coverage and Contributions

All members and enrolled dependents have the same dental benefits available through Delta Dental regardless of the health plan selected.

The annual plan year deductible for dental coverage for the FY2017 plan year (July 1, 2016 - June 30, 2017) is \$100 per participant per plan year. Once the annual deductible has been met, each plan participant is subject to a maximum annual dental benefit. Each plan participant has a maximum dental benefit of \$2,000 (including orthodontia).

Use your Delta Dental card for dental services.

Who Do I Call if I Have Questions About...

- **Claims, provider networks, prescription formularies or coverage for specific procedures, call the plan directly:**

UnitedHealthcare PPO	(888) 223-1092
Humana Health Plan HMO	(800) 951-0125
Coventry Advantra HMO	(855) 223-4807
Health Alliance MAPD HMO	(877) 795-6131

- **College Insurance Program (CIP) premiums or changes to your address, contact your retirement system:**

State Universities Retirement System	(800) 275-7877
1901 Fox Drive, P.O. Box 2710	
Champaign, IL 61825-2710	

- **TRAIL Medicare Advantage eligibility criteria or completing the TRAIL online enrollment process, call the MyBenefits Marketplace Service Center:**

MyBenefits Marketplace Call Service Center	(844) 251-1777
(toll-free)	(844) 251-1778 (TDD/TTY)

Go Online at www.MyBenefits.illinois.gov,
or call (844) 251-1777 (toll-free) If:

- **Your dependents experience a change of address**
- **Your dependent loses eligibility.** Dependents that are no longer eligible under the Program (including divorced spouses or partners of a dissolved civil union) must be reported to your retirement system immediately.
- **You experience a change in Medicare status.** A copy of the red, white and blue Medicare card must be provided to the State of Illinois Medicare Coordination of Benefits (COB) Unit when a change in your or your dependent's Medicare status occurs. The Medicare COB Unit's address and phone number can be found on page 27.
- **You get married or enter into a civil union partnership; or your marriage, or civil union partnership is dissolved.**
- **You gain legal guardianship of a child or adopt a child.**
- **You have a financial or medical power of attorney (POA) who you would like to be able to make decisions and get information on your behalf if you become incapacitated.**

Low Income Subsidy (LIS)/Extra Help

Depending on your income and overall assets, you may qualify to receive a Low Income Subsidy (also referred to as Extra Help) from the Social Security Administration to help you pay for costs associated with the Part D (prescription drug) portion of your coverage. Eligibility for Extra Help and the amount of your subsidy, if any, are determined solely by the federal government.

To find out whether you qualify for Extra Help, you can apply through the Social Security Administration or through your local Medicaid office. If you qualify for Extra Help, you will receive information from your MAPD plan administrator telling you the amount of the subsidy you will receive. Receiving Extra Help will not affect your enrollment in TRAIL. However, because the Extra Help applies only to the Part D portion of your coverage, you will still be responsible for the full amount of any member costs for your medical coverage under the plan. You must also continue to pay your Medicare Part B premium. If you have any questions regarding your Extra Help benefit, you should contact your plan administrator.

How You Benefit

Total Retiree Advantage Illinois Medicare Advantage plans with prescription drug coverage offer you many advantages:

- **Access:** If you choose the UnitedHealthcare (UHC) PPO, you can see any provider that accepts Medicare patients — the provider does not have to be in the UHC network. Your coverage levels will be the same whether you see an in-network provider or not. The Coventry Advantra, Health Alliance MAPD and Humana HMOs have provider networks. Information about these networks will be mailed to you by the HMO plans that are available in your county. Network information can also be found on the plans' websites. See page 27 for plan administrator website addresses and contact information. Remember, with an HMO you must see an in-network provider to receive benefits (except for emergency care). HMO availability varies by Illinois county. See the map on page 16 for details.
- **Convenience:** No matter which plan you choose, you'll continue to have medical and prescription drug coverage packaged together in one plan—so there's one ID card and one toll-free customer service phone number.
- **One-stop resources:** When you have claim-related questions about doctors, hospitals, pharmacies or other providers, you'll only need to make one call to your plan (UnitedHealthcare, Coventry Advantra, Health Alliance MAPD or Humana) for assistance. See page 27 for customer service phone numbers.
- **Wellness extras:** The TRAIL Medicare Advantage plans offer a variety of wellness/clinical programs at no additional cost that can put you on the path to healthier living, such as the SilverSneakers® or Be Fit fitness programs. Although the programs vary, some examples include wellness programs, disease management programs, case management programs, discount programs, medication therapy management and meal programs. Be sure to review the materials you receive from each plan to understand the special programs available to you.



Definitions

Advance Beneficiary Notice (ABN) Also known as a “waiver of liability.” A notice healthcare providers and suppliers are required to give a person with Original Medicare when they believe that Medicare will not cover their services or items and the person has no reason to know that Medicare will not cover these services or items. If your provider does not give you an ABN to sign and you have no reason to know the procedure is not covered, then you do not have to pay. If you sign an ABN before you get the service or item and Medicare does not pay for it, you generally pay for it (although there are a few exceptions). Providers are not required to give you an ABN for services or items Medicare never covers.

Annual Wellness Visit This is a once a year visit covered by Medicare in which you can meet with your doctor to develop a prevention plan based on your needs. It will give you an opportunity to create and update a medical history, a list of your medications and a list of your current providers and suppliers. During this visit your provider will record your weight, height, blood pressure and Body Mass Index (BMI), as well as screen for cognitive issues and depression and your ability to function safely at home. The provider should give you a 5 to 10 year screening schedule or checklist and health advice and referrals to health education or preventive counseling services or programs aimed at reducing identified risk factors and at promoting wellness.

Coinsurance Your share of the costs of a covered healthcare service, calculated as a percent (for example, 15%) of the allowed amount for the service. For example, if the Medicare Advantage plan’s allowed amount for an office visit is \$100 and

you’ve met your deductible, if applicable, your coinsurance payment of 15% would be \$15. The plan pays the rest of the allowed amount.

Copayment A fixed amount (for example, \$20) you pay for a covered healthcare service, at the time of service. The amount can vary by the type of covered service.

Deductible The amount you owe for healthcare services before your health insurance begins to pay. For example, if your annual deductible is \$125, your plan won’t pay anything until you’ve met your \$125 deductible for covered services subject to the deductible. The deductible does not apply to preventive services.

Donut Hole The nickname given to the third stage of a Medicare prescription drug plan (Part D). This stage is the coverage gap stage. The TRAIL plans provide enhanced coverage in the coverage gap stage.

Explanation of Benefits (EOB) EOB is an acronym for Explanation of Benefits. Although EOBs often look like a medical bill, the EOB actually gives you details regarding how your insurance company processed medical insurance claims. The EOB tells you what portion of a claim was paid to the healthcare provider and what portion of the payment, if any, for which you are responsible.

Extra Help – Low Income Subsidy Extra Help is a Medicare program that helps people with limited income and resources to pay their Medicare prescription drug costs, like premiums, deductibles and copayments.

Formulary A formulary (also called a drug list) is a list of prescription drugs covered by your health plan.

Guaranteed Issue Rights Guaranteed issue rights require that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. In some states, guaranteed issue doesn't limit how much you can be charged if you enroll.

Income-Related Monthly Adjustment Amount (IRMAA) If your modified adjusted gross income as reported on your IRS tax return from two years ago (the most recent tax return information provided to Social Security by the IRS) is above a certain limit, you may pay a Part D income-related monthly adjustment amount (Part D-IRMAA) in addition to your monthly plan premium. This extra amount is paid directly to Social Security or Medicare, not to your plan.

Medicare Advantage Plan (Medicare Part C) Medicare Advantage plans are a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Medicare Advantage plans include Health Maintenance Organizations, Preferred Provider Organizations and Special Needs Plans. With a Medicare Advantage plan, Medicare services are covered through the plan and are not paid for by Original Medicare. Most Medicare Advantage plans, including the State of Illinois TRAIL plans, offer prescription drug coverage.

Medicare Allowable Charges Providers who participate with Medicare agree to accept the Medicare allowable charge as full payment. Participating Medicare providers may not bill the patient for the balance amount above the Medicare allowable fee schedule (known as

"balance billing"). It is important to verify that your provider "Accepts Medicare Assignment" or is a "Medicare Provider" to avoid unexpected and potentially large out-of-pocket expenses.

Medicare Part A Medicare Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home healthcare.

Medicare Part B Medicare Part B covers certain doctors' services, outpatient care, medical supplies and preventive services.

Medicare Part D Medicare Part D is a program that helps pay for prescription drugs for people with Medicare who join a plan that includes Medicare prescription drug coverage. There are two ways to get Medicare prescription drug coverage: through a stand-alone Medicare Prescription Drug Plan or a Medicare Advantage Plan that includes drug coverage. These plans are offered by insurance companies and other private companies approved by Medicare. The State of Illinois TRAIL plans include Medicare Part D prescription drug coverage.

Medigap A supplemental insurance policy that is sold by private insurance companies to fill "gaps" in Original Medicare. This insurance policy is usually available in the form of ten different plans labeled A through N and works only with Original Medicare.

Original Medicare Original Medicare is fee-for-service coverage under which the government pays your healthcare providers directly for your Part A (Hospital Insurance) and/or Part B (Medical Insurance) benefits.

Definitions

Out-of-Pocket Maximum The out-of-pocket maximum amount is the most you will pay during the plan year for covered Medicare Part A and Part B services. Once you reach this amount, you will have 100% coverage (the plan pays everything) for the rest of the plan year for covered Medicare Part A and Part B services. Your medical deductible, if there is one, plus the amounts you pay in copayments and coinsurance for covered Medicare Part A and Part B services count toward your out-of-pocket maximum.

Secondary Insurance Health insurance that covers your healthcare after the primary insurance on a claim for medical or hospital care. It usually pays for all or some of the costs that the primary insurer did not cover, but may not cover services not covered by the primary insurer.

Supplement Insurance Fills gaps in Original Medicare coverage by helping to pay for the portion of healthcare expenses that Original Medicare does not pay, such as deductibles and coinsurances. Supplement insurance includes Medigap plans and retiree insurance from a former employer. Supplement insurance may offer additional benefits that Original Medicare does not cover.

True Out-of-Pocket Costs (TrOOP) True out-of-pocket (TrOOP) costs are amounts you pay for covered Part D drugs that count towards your drug plan's out-of-pocket threshold. Your annual prescription deductible, if applicable, coinsurance or copayments, and what you pay in the coverage gap, which includes manufacturer discounts, all count toward this out-of-pocket limit. The limit doesn't include your Medicare Advantage plan's premium.

Plan Administrators

Plan Component	Administrator's Name and Address	Customer Service Phone Numbers	Website Address
UnitedHealthcare Group Medicare Advantage PPO	UnitedHealthcare Group Customer Service Dept. P.O. Box 29675 Hot Springs, AR 71903-9675	888-223-1092	www.uhcretiree.com/soi
Coventry Advantra HMO	Coventry Advantra P.O. Box 8052 London, KY 40742	855-223-4807	www.aetna-coventryretiree.com/soi
Health Alliance MAPD HMO	Health Alliance MAPD 301 South Vine Street Urbana, IL 61801	877-795-6131	www.healthallianceretiree.org/soi
Humana Medicare Employer HMO (the Humana Benefit Plan HMO and the Humana Health Plan HMO)	Humana Humana Correspondence P.O. Box 14168 Lexington, KY 40512	800-951-0125	www.humana.com/soi
Vision Plan	EyeMed Out-of-Network Claims P.O. Box 8504 Mason, OH 45040-7111	866-723-0512 800-526-0844 (TDD/TTY)	www.eyemedvisioncare.com/stil
College Choice Dental Plan (CCDP)	Delta Dental of Illinois Group Number 20242 P.O. Box 5402 Lisle, IL 60532	800-323-1743 800-526-0844 (TDD/TTY)	http://soi.deltadentalil.com
Medicare COB Unit	CMS Group Insurance Division 801 South 7th Street P.O. Box 19208 Springfield, IL 62794-9208	217-782-2548 800-442-1300 800-526-0844 (TDD/TTY)	www.MyBenefits.illinois.gov
Retirement System	State Universities Retirement System 1901 Fox Drive P.O. Box 2710 Champaign, IL 61825-2710	800-275-7877	www.surs.com
Health/Dental Plans	MyBenefits Marketplace P.O. Box 467846 Atlanta GA 31146	844-251-1777 844-251-1778 (TDD/TTY)	www.MyBenefits.illinois.gov

Disclaimer

The State of Illinois intends that the terms of this plan are legally enforceable and that the plan is maintained for the exclusive benefit of members. The State reserves the right to change any of the benefits; program requirements and contributions described in this *Your Retiree Healthcare Decision Guide*. This Guide is intended to supplement the *Benefits Handbook*. If there is a discrepancy between the *Benefits Handbook* and state or federal law, the law will control.

TRAIL Seminar Schedule

Any impacted retiree may attend any meeting
Reservations not required



If you are unable to attend in person, you can log on to your computer, smartphone or tablet to view the seminar via live-stream webinar on October 11. Just login online at www.MyBenefits.illinois.gov. Click on the TRAIL tile and watch from the comforts of your home. If unable to attend or watch the live seminar, a video will be available at www.MyBenefits.illinois.gov.

October 11, 2016 *(Two Sessions)*

Crown Plaza Springfield

3000 S. Dirksen Pkwy.
Springfield, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 12, 2016 *(Two Sessions)*

Gateway Building

200 NE Water St.
Peoria, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 13, 2016 *(Two Sessions)*

Hilton Garden Inn Champaign

1501 S. Neil St.
Champaign, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 14, 2016 *(Two Sessions)*

Eastland Suites Hotel & Conference Center

1801 Eastland Dr.
Bloomington, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 17, 2016 *(Two Sessions)*

Giovanni's

610 N. Bell School Rd.
Rockford, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 18, 2016 *(Two Sessions)*

Hilton Chicago Oak Lawn

9333 S. Cicero Ave.
Oak Lawn, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 19, 2016 *(Two Sessions)*

Hilton Garden Inn St Charles

4070 East Main St.
Saint Charles, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 20, 2016 *(Two Sessions)*

Holiday Inn Tinley Park & Convention Center

18451 Convention Center Dr.
Tinley Park, IL
9:30 a.m. – 11:30 a.m.
1:30 p.m. – 3:30 p.m.

October 27, 2016

Cedarhurst Center for the Arts

2600 Richview Rd.
Mt. Vernon, IL
9:30 a.m. – 11:30 a.m.

Bel-Air Banquet & Events Center

200 South Belt West
Belleville, IL
2:00 p.m. – 4:00 p.m.

MyBenefits Marketplace Service Center

P.O. Box 467846 • Atlanta, GA 31146

www.MyBenefits.illinois.gov

1-844-251-1777 (toll-free) • TDD/TTY: 1-844-251-1778 (toll-free)